

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-020031

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 306 Primary Registration District No. 6048 Registrar's No. 9

FILED MAY 24 1962

VS 300
Rev. 4/59

1 0920

2 0921

3 2

4 1

5 1

6

7 0

8 2

9 X

10

11 092

12 91-3

13 2-0

DATE AMENDED

INSTEAD OF

SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

1. PLACE OF DEATH

a. COUNTY St. Charlesb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Dardenne Twp.Length of stay in 1b
noc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 2miles West Old 40 HwyInside Limits
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo. b. COUNTY St. Charlesc. CITY OR TOWN O'Fallon, Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
514 O'Fallon Dr. Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First Middle Last
Polly Louise Breakshage4. DATE OF DEATH
Month Day Year
May 15, 19625. SEX
female6. COLOR OR RACE
W7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
Aug 26, 19379. AGE (last birthday) 24
IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife10b. KIND OF BUSINESS OR INDUSTRY
Home11. BIRTHPLACE (City and state or country)
Montgomery Cty., Mo. USA

13a. FATHER'S NAME

Otis Hagood

13b. MOTHER'S MAIDEN NAME

Sanders

14. NAME OF HUSBAND OR WIFE

Arthur Breakshage

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.

[redacted]

17. INFORMANT

Otis Hagood Wentzville, Mo.18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Broken neck
impact when car hit embankmentINTERVAL BETWEEN
ONSET AND DEATH
instantConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)Basal skull fracture

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☒ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☒ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Car in which victim was riding20c. TIME OF INJURY
Hour 11:40 p.m. Month 5 Day 15 Year 196220d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☒20e. PLACE OF INJURY (In or about home,
farm, factory, street, office bldg., etc.)
Old Highway #4020f. CITY, TOWN, OR LOCATION
Dardenne Twp. St Charles, Mo.21. I attended the deceased from home to 5/16/62 and last saw her alive on 5/16/62Death occurred at 11:40 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Sharon R. Rinaldi, Coroner

(Degree or title)

22b. ADDRESS

12 Cunningham Ct St Charles, Mo.

22c. DATE SIGNED

5/16/6223a. BURIAL, CREMATION,
REMOVAL (Specify)Burial

23b. DATE

May 19, 1962

23c. NAME OF CEMETERY OR CREMATORY

Mt. Zion Cemetery

23d. LOCATION (City, town, or county)

O'Fallon, Mo

24. FUNERAL DIRECTOR

Keithly-Davis Chapel

ADDRESS

O'Fallon, Mo

25. DATE RECD. BY LOCAL REG.

5/19/62

26. REGISTRAR'S SIGNATURE

CA KeithlyUSE BLACK INK
OR
TYPEWRITER RIBBON

MAY 29 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Jerry A. Davis

Licensed Embalmer No. 5139

P. O. Address D. Fallon, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.